

Name in Full

Certificate of Death

Frank Carter

Died at River Springs Town St Mary's County MARYLAND

Date 1903 9 Month 3 Day 20 Y. - M. - D. - Native of Ind by Clinton Occupation Ind by Clinton

Male White Married Widow Divorced Ind by Clinton

Female Colored Single Widower Number of children living 2

Husband of

Wife

Father's Name William Carter Mother's Name Rucilla Brooks

Maiden Name Rucilla Brooks

Cause of Death { Primary Pulmonary Tuberculosis Immediate 3 years

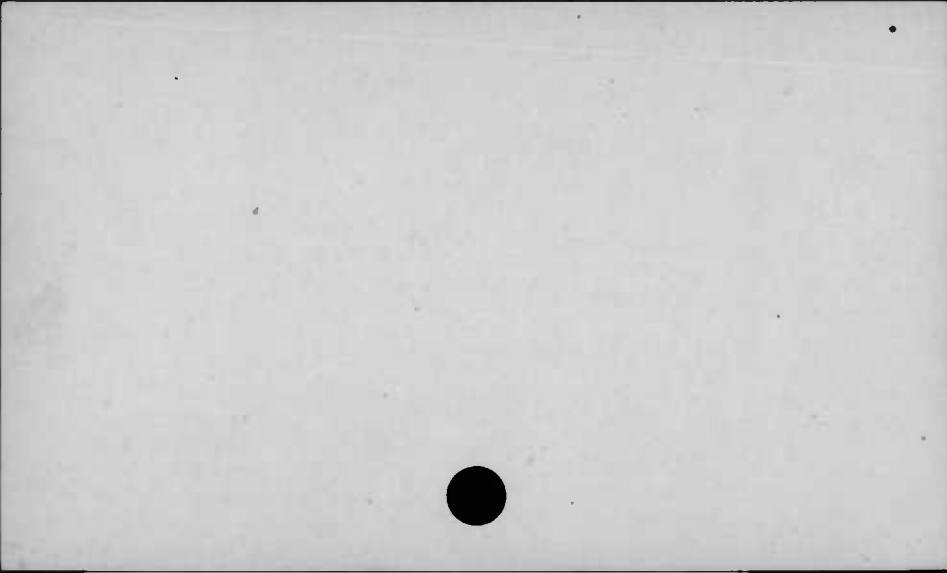
How long sick 3 years

Accident, Suicide, Homicide

Reported by Rev. W. V. Palmer

Address Palmer St Mary's Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret Holley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Bladys town</i>		^{County} <i>St. Mary's</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>9</i>	Day <i>6</i>	Age <i>66</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Cook</i>				
Name of Wife or Husband <i>William Holley</i>					
Father's Name <i>John Neale</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Millie Wack</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>William Holley</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>18 mos.</i>
Immediate <i>Vomiting</i>	How long <i>18 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. M. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>Ind</i>

3



Name In Full

Certificate of Death

Francis Smacernell

Town

County

Died at

MARYLAND

Date 1913,

Month

Day

Y.

M.

D.

Native of

Occupation

12, Sept 8

Age

18

Farmer

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Geo Smacernell

Maiden Name Mary Somerville

Cause of

Primary

Fall from Tree

How long sick

3 days

Death

Immediate

Frodo's & Kull

Accident, Suicide, Homicide

Reported by

J. W. Sking.

Address

Boothville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 20880

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Name In Full

Certificate of Death

Geo. C. Wheeler -

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903

189

Sept.

18

Age 27

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis of Lungs -

How long sick

10 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full		Delcie Young				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 190		Month	Day	Age	Years	
		8		9	8	-	Months	
		4		3	Days			
		Sex		Female	Color or Race	Colored	Birth-place	Ind
NEAREST FRIEND		Married, Single or Widowed		Occupation				
		Name of Wife or Husband		92.				
		Father's Name		W. H. Young		Father's Birthplace		Ind
		Mother's Maiden Name		Nancy Bolling Young		Mother's Birthplace		Ind
		Name of person giving information		Ezzie Young		How related to deceased		Grandmother
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Pneumonia		How long		
		Immediate		Convulsions		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes.		2 days		
		Signature of Physician		R. H. V. Palmer		Address		
		Address		Palmer		Ind		
Accident or Suicide?								

